

tenderness for those who make money in such devious, dangerous ways. Halfway measures should not be considered."—*New York Tribune*.

"Whenever the patent medicine quack is attacked we hear the old familiar cry of 'personal liberty' and persecution. The quack shrieks that there is nothing wrong in his business and that he is being persecuted by the 'Doctor's Trust.'

"When the newspapers of this country finally reach the high plane of keeping faith with their readers and placing editorial ethics above business office receipts, they will not permit a patent medicine advertisement to appear in their columns, and that will mean the death of the patent medicine business."—*The Labor World*.

"The quack doctors named in the *Tribune*, and a host of unnamed others, are a disgrace to the medical profession and a menace to the city. They prey upon a class of people that can least afford to be preyed on. It is from among the hard-working men in the lowest status of our society that they gather their victims. It is the wages that were earned not only in the sweat of the brow but in blood, in the ever-present danger of injury or death through the hazards of the trade, that flows into the coffers of these charlatans. . .

" . . . But they do not content themselves merely with the victims which their lurid posters pick up from among the ignorant fellows in the street. They invade the homes of the miserably poor with advertisements and doctor books printed in all languages, and poison the atmosphere of these homes.

"The State should find a way of stopping the distribution of their filthy circulars. They are as obscure as they are vicious. And the public should see to it that the portion of the press which accepts the advertisements of these quacks ceases to outrage the eye and feeling of the reader."—*The Chicago Daily Tribune*.

Will our readers please send in clippings from all California newspapers along this line. They are worth recording.

THE VENEREAL SILENCE.

It is full time that the old superstitious fear of naming syphilis and gonorrhea in public and in private be abolished. How are they to be fought if they must always be unnameable? Why should a current Government publication even speak of "virulent blood poison," when it means syphilis? How many newspapers will use the correct names for these diseases, when they are unashamed at the bold portrayals of the quack advertisers, and patent medicine testimonials, and police court dregs which are spread on a different page? How many public speakers will call them by name when need arises? Why should it be shameful to know their peril and to study their prevention?

The splendid policy and work of the California State Board of Health in protecting the Army camps from venereal disease has been noted and cannot receive too high commendation. The splendid policy and work of the Army and Navy authorities in the same direction deserves the commendation and support of every American. We

have, and surely hope to have in the future, a military force unique in history for its freedom from venereal disease. This objective will not be accomplished, however, by a continuance of the out-grown policy of silence on the subject of these diseases. In civil life let us emulate the worthy example here set before us. Let us call syphilis by its name. Let us go at the stupendous problem of popular education in a sane manner by foregoing this old silence.

EDITORIAL COMMENT.

Leather is decreasing and its price is advancing. This sentence has become trite in many applications. And here, as in many of the similar situations, there seems to be a way out. The Journal of the American Veterinary Medical Association for December, 1917, states that pig skins are largely wasted, in spite of the fact that they represent the only substitute on an adequate scale for cow hide. They are superior to cow hide in that they resist surface wear better. Their durability and elegance are attested by a small line of saddles and fancy leather goods now available. Tests have shown them a fully satisfactory material for shoes. There is reported a deficiency of some three million cow hides. The pig skins now wasted on bacon, where they are of neither ornamental nor nutritional value, would doubly replace this shortage. It might be added that the Chinese, who have so much to teach us Westerners, use pig skin for trunks, boxes, and other heavy wear, and it wears like a pig's nose. It is remarkable how many things we are learning to substitute, and to do without as a result of the war. To a great extent this is an economic and social blessing.

In Science for November 30, 1917, Dr. C. E. K. Mees draws an interesting comparison between the process of assimilation in the human economy, and the process of the increase of scientific knowledge in the social economy. There is the production of new knowledge by laboratory research, which corresponds to the preparation and supply of food materials. There is the publication of this knowledge in papers and scientific reports. Finally there is the digestion of this knowledge and its absorption into the general mass of knowledge by the agency of critical comparison. The moral might be added that it is never wise to color facts or force conclusions. The process of digestion of knowledge is essential for its assimilation into the general fund of knowledge, and this process cannot be hurried. The conservatism of the established order is always a good thing, as it aids digestion in this sense and prevents fevers and sudden perversions of social metabolism.

The Principles of Ethics of the American Medical Association states that it is "derogatory to professional character for physicians to accept rebates on prescriptions or surgical appliances." If this is true, then any doctor who receives a rebate from the maker of artificial limbs, trusses, belts, etc., is acting in an unethical and unprofessional manner.

It is interesting to note the new advertisers appearing in the Journal; also to note the new books, instruments and other medical requirements advertised by the older advertisers. Part of the educational value of the Journal lies in keeping familiar with the articles advertised. It is worth while whether you expect to buy or not. All advertisers in this Journal pass a rigid scrutiny and are reliable and ethical. It is to their interest to put their best foot forward and they do it. Therein lies a real chance for the busy doctor to keep in touch with commercial scientific progress. Do you do it?

Special Articles

PRESENT STATUS OF HEALTH INSURANCE IN CALIFORNIA.

By RENÉ BINE, M. D., San Francisco, Chairman of the Committee on Health Insurance of the State Society.

A very prominent gentleman, recently connected with our State government, told us not very long ago that in his opinion, Health Insurance of some sort was so sure to come as the result of public demand, that our office seekers would fall over themselves in their eagerness to indorse such measures, aye, even loudly bringing forth claims of priority in the discovery of the need for such legislation.

He furthermore told us that for a long time the bankers of this State had consistently opposed new banking laws, and would do nothing to help formulate them. To-day they openly admit that they would not go back to the old system if they could.

There is no doubt, and none of us can deny that lack of organization in the medical profession causes much waste. We often do not realize how great the waste really is. In our homes we probably all thought we were economical, until we began to "Hooverize." The railroads managed to make money and apparently do good work, until real efficiency was needed; then they had a great fall, and all the railroad presidents and all the country's bosses are trying to get them together again.

The Social Insurance Commission of the State of California has proposed an amendment to the constitution which, if passed, will enable the legislature to establish a real insurance system. The legislature does not meet in 1918. Nothing can be done therefore towards passing any Health Insurance bill until 1919, provided the amendment is carried in November 1918.

In the meantime, let us, the medical profession, try and work out our own reforms if possible and see to it that, come what may, we protect the community from legislation unless it be practical, sane and desirable.

Your committee published its first report in the June 1917 issue, and to this your attention is again called. We are now debating a number of points, which we are going to detail here, in the hope that those interested will take the time to study them, and the time and energy to write to us, expressing their views. We want help; we want

constructive criticism. Remember, please, that we are apt in this, as in other matters, to sit back and feel that "we are satisfied with the present order of things and, well, if something must be done,—oh, well, let George do it."

In April your Committee on Social Insurance will report further on its work. It is going ahead upon the assumption that if the people of our State want and do vote for Health Insurance, the Medical Society of the State of California must help *frame* the final bill and practically *dictate* the actual medical features of the bill.

How does the medical profession of England, after five years' practical experience, regard the Health Insurance Act? "Favorably," finds the British Medical Association after a painstaking inquiry among all local branches and panel committees. And, the Association's Committee remarks, "the degree of unanimity so far disclosed is somewhat remarkable."

The report, which has appeared in the British Medical Journal, points out minor defects in administrative detail that may be easily corrected and suggests that the scheme, which is proving a distinct gain to the medical profession as well as to the public health, be still further expanded.

The points we are studying, and which we would submit to your earnest consideration, follow. We, of course, are assuming the possible passage of a Health Insurance bill. It might be well for County Societies to devote meetings to these topics. When we have gotten a little further in our work we hope to arrange for speakers to visit societies desiring them.

1. Basis of remuneration of physicians.
 - (a) salary basis (full or part time men?)
 - (b) Fee schedule as at present established for the industrial accident work.
 - (c) Capitation.

Growth of *contract* medicine should be recognized—either (1) salary work, when contract made by corporation, or (2) very small capitation, as witness usual lodge salary of \$2 per annum per insured, to treat members and families.

Some step in direction of medical and hospital service within the financial grasp of wage earners is bound to be taken. The question is, what step? Health Insurance, through the contributions of employers, as well as employees, and help from the State, offers a source of income larger than possible now for this sort of work.

Also, capitation system or salary system (as in vogue in England) offers possibility of practice of preventive medicine. This could not be had under fee system. Note testimony contained in the English reports in regard to the benefits of the capitation system from a medical standpoint.

Capitation system offers chance for free choice of doctors. Salary system does *not*.

2. Remuneration and Regulation of Specialists.

- (a) Should a different basis of remuneration be adopted for "specialist service?" Should higher standards of remuneration be adopted for specialist service?
- (b) If not, how could you obtain the services of good specialists?